MAXIMUS Federal Services

Case Number:	CM14-0056324		
Date Assigned:	07/09/2014	Date of Injury:	05/07/2007
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old female who reported an injury on 05/07/2007 due to continuous use of her hands with typing and paper filing. The injured worker is status post L4-S1 decompression and fusion, intractable pain syndrome, and status post spinal cord implant. Past treatments include an epidural stimulator implant and medication therapy. Medications include Norco 10/325 mg 1 tablet every 6 hours, Suboxone 8 mg- 2mg tablet 1 tablet every day, Pristiq ER 50 mg 1 to 2 tablets every day, Provigil 100 mg 1 tablet daily, Robaxin 750 mg 1 tablet 4 times a day, Tegretol 200 mg 1 tablet before bed and Cymbalta 60 mg 1 tablet daily. A urinalysis drug screen was obtained 02/11/2014 revealing that the injured worker was in compliance with her medications. The injured worker underwent a lumbar decompression and fusion of the L4-S1 levels on 05/01/2008. The injured worker complained of having increased low back and right lower extremity pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 02/12/2014 revealed that the injured worker was able to sit reasonably comfortably. Straight leg raise continued to elicit irritability on the right, mostly in the buttocks and posterior thigh. Evaluation of the injured worker's neck revealed normal range of motion. The injured worker had positive Tinel's sign over the medial nerve right wrist. The treatment plan is for the injured worker to continue using the Bupren/Nalox. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bupren/nalox sub 8-2 mg Qty: 30, Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for Bupren/Nalox sub 8-2 mg day supply: 30 qty: 30, refills: 0 is not medically necessary. The injured worker complained of having increased low back and right lower extremity pain. There were no measurable pain levels documented in the submitted report. The MTUS guidelines recommend Bupren/Nalox (Buprenorphine) for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The medication is supplied as a sublingual tablet in 2 dosage strengths (2/0.5 mg or 8/2 mg). When used for treatment of opiate dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected. Given the above, the injured worker is not within the MTUS guidelines. It did not stipulate in the submitted reports that the injured worker had been going through withdrawals or any type of detoxification. According to the MTUS, buprenorphine is a medication used for patients who are being treated for drug addiction or dependence. In some cases, it is recommended for chronic pain, but only when the patients have had history of opiate addiction. Furthermore, the request as submitted did not stipulate how often or how long the injured worker was going to be taking the medication. As such, the request is not medically necessary.